



STATE OF MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF CAREER EDUCATION
P.O. Box 480, Jefferson City, Missouri 65102-0480
Phone: (573) 751-2660 • Fax: (573) 526-4261

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Mentor Application for Participation in Career Education Mentoring Program

PLEASE RETURN COMPLETED FORM TO THE COORDINATOR OF CAREER EDUCATION AT THE ABOVE ADDRESS.

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT (Last, First, MI)		*SOCIAL SECURITY NO.	
HOME ADDRESS (Street)		HOME PHONE NO.	
CITY	STATE	ZIP CODE	
E-MAIL ADDRESS			
Currently Employed <input type="checkbox"/> Retired <input type="checkbox"/> Year of Retirement _____			
SCHOOL NAME (Where currently employed or last school served, if retired)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
TEACHING CONTENT AREA: <input type="checkbox"/> Agricultural Education <input type="checkbox"/> Family and Consumer Sciences <input type="checkbox"/> Technology Education <input type="checkbox"/> Business Education <input type="checkbox"/> Health Sciences Education <input type="checkbox"/> Cooperative Education <input type="checkbox"/> Marketing Education <input type="checkbox"/> Occupational Family and Consumer Sciences (<i>specify program area</i>) _____ <input type="checkbox"/> Trade and Industrial Education (<i>specify program area</i>) _____			
Length of time at current school		Total number of years in teaching	
SPECIFIC COURSES TAUGHT			
CURRENT CERTIFICATONS HELD			
Are you affiliated with and active in a career and technical student organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one: <input type="checkbox"/> FFA <input type="checkbox"/> FBLA <input type="checkbox"/> FCCLA <input type="checkbox"/> DECA <input type="checkbox"/> SkillsUSA <input type="checkbox"/> TSA Are you active on an advisory committee? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you participated in an MSIP review? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you served in a professional organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? _____			

PROFESSIONAL DEVELOPMENT ACTIVITIES

List professional development activities (courses or workshops attended or presented in the last two years):

ACTIVITY	DATE

MENTOR COMMITMENT

By signing this application, I commit to actively participate in the mentoring program by communicating regularly with the protégé, attending all required meetings, and making a visit to the protégé's school or having the protégé visit my school.

SIGNATURE OF APPLICANT	DATE
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* View the Social Security Disclosure Notice

SCHOOL DISTRICT COMMITMENT

The school district will provide support for the above applicant to participate as a mentor in the Career Education Mentoring Program. This includes allowing the applicant to: be absent from school for all required meetings, make a visit to the protégé's school or have the protégé visit your school, and communicate regularly with the protégé. The cost of the applicant's substitute teacher for the required absences from school, up to a maximum of \$70 per day, will be reimbursed to the District by the Division of Career Education.

NAME OF ADMINISTRATOR MAKING COMMITMENT (Please print)	
SIGNATURE OF ADMINISTRATOR	DATE
TITLE	